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manner, since electricity has no substance, and therefore cannot occupy space, we can manage to grab this elusive agent that we cannot see, and in addition change its form of energy to provide the different therapeutical effects which different diseased conditions demand.

Our next paper will discuss magnetism, the induction coil, and the galvanic, faradic and sinusoidal currents of electricity.

PROPER SLEEP FOR NURSES

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Because the matter of gaining sufficient sleep when on night duty is a serious thing to many a nurse, we want to give a few suggestions on mind control¹ to the young nurse about to begin her career as a professional woman; for we believe that much wakefulness may be avoided and sleep naturally induced if nurses will begin in the early days of their training, to acquire control of their mind and control of their thoughts, when settling for sleep.

The rule for sleep is simple to tell and easy to remember. "Relax, put every kind of a thought out of your mind, make it an absolute blank and keep it a blank, and sleep will follow."

This requires a peculiar concentration, of a kind somewhat difficult to acquire. However, it is well worth practicing, until we are such masters of our minds, that we may go to sleep at will, provided there are not outside disturbances in the way of unreasonable noises. The practice may seem difficult at first, but exercise patience with yourself and make perseverance your watch-word.

When you discover that a train of thought has crept all uninvited into your mind, thereby destroying the kind of concentration for which you are striving, put it out and shut it out. Relax, picture to yourself an absolutely blank space and start in again to concentrate on that empty space. Every time you discover that a thought has crept into that space, tell yourself that you are not properly concentrating, are not exercising sufficient control. And remember, mind control and concentration, if not possessed, are valuable assets to acquire. You need their help in study, in lectures, in the careful heed to your doctor's orders, in the care of your patient, and last, though not least, you need them in helping you to gain sleep.

¹ For her ideas on thought control, as a means of inducing sleep, the writer is indebted to suggestions given several years ago in a magazine devoted to ideas on mind power.

When starting for your day of sleep, put your patients out of your mind. Before going off duty, you have, of course, been careful to make a full and complete report of the night work; you have given all the details of attention to your patients that it was your duty to do, so thoughts on those points need not trouble you just now. Let us hope you have not forgotten to empty, wash up and put away in its proper place, any utensil you may have used in the last hurried hour before going off duty. The recollection of such forgotten details may prove a hindrance to your sleep.

Next, let us consider a few little details that make for quiet and repose. If you are so fortunate as to have outside window-blinds, let us close them for the quieting effect; although some may choose to leave them open. We know of a nurse who, in the early days of her night duty, preferred leaving the window-blinds open, that the lovely, warm sunshine might pour in on her bed. So that is a matter of choice.

Next, see to it, that your bed is made and well made, the bottom sheet even and free from wrinkles as you would have it for your patient. Avoid falling into the mistake of telling yourself that anything is good enough for you, and that therefore in making your bed, you will just "slick up" the counterpane and pillows, so that your bed may present a favorable impression when the supervisor makes rounds or the house committee makes its tour of inspection. No, you need a well-made bed—take time to give it to yourself. Lastly, leave the anxieties of your most serious case behind you when you go off duty. To the very young nurse, this may sound almost heartless, but in reality it is your greater service to your patient, for he is in the care of others and your greatest efforts now in behalf of your patient, lie in your relaxing and finding that quiet rest and sleep which will enable you to go trustingly through another night of careful watching when you are again on duty.

Similar suggestions may be made to the young nurse on private duty. Put the case explicitly, then confidently, in the hands of the nurse relieving you, then go off to rest and to sleep.

Let us hope that the room to which you must go, is not one that has been slept in all night, and just vacated by its previous occupant. Such a room is not so pleasant to settle down in. However, in city apartments and other crowded homes, this is often unavoidable, if indeed, any kind of a place to rest in can be found, short of traveling home to your own room, an unfortunate circumstance frequently occurring in the city.

If you must use a room just recently vacated, see to it that it has been well ventilated, freshened and thoroughly cleaned up, the bed well aired and made up with a set of bed linen reserved for your own

use. This extra set of bed linen should always be arranged for. If you nurse in a variety of cities and towns with families of various grades of culture, you will probably find that some people expect you to use bed-sheets that have done service all night; but use tact, do not consent to use sheets that have just been slept in by another, even if that other person is a sister nurse.

If you are the first nurse on the case, show your assistant the courtesy of hospitality due a guest, and see to it that the chamber-maid has provided her with a set of bed-linen. If the chamber-maid has omitted to do this, tactfully draw the fact to the attention of some member of the family and do not leave to your assistant the unpleasant task of asking for her own bed-linen.

If the household does not glory in a chamber-maid, and some of the happiest homes do not, and if, through anxiety for the sick one, the family has become disorganized in its thoughtfulness for others, and demoralized in its acts of hospitality (as some families do), then the first nurse on the case may find that she must quietly, sympathetically and unassumingly, take the initiative in various little ways, and so, when the second nurse comes, she will attend to providing the second set of linen, as a matter of course.

As there are exceptions to all rules, so there may be exceptions to all hints and words of advice. In some exceptional instances, a nurse may find herself working with an assistant in whom she has good reason to lack confidence; in that event, she would not wish, nor expect, to sleep with quite that absolute abandonment which has been suggested.

If you are caring for a case alone and must be relieved by the family, you will, of course, leave full and explicit *written* directions for the member who is to relieve you, then, when you go off duty, go off with the purpose of relaxing and sleeping, that you may be in better trim for your patient when you return to him.

Again here may come an exception to our rule and the nurse may find that she must "sleep with one ear open" But fortunately, these exceptions are growing fewer and fewer, as the doctors and the public are coming to realize that in order to do good work and preserve her usefulness to the community at large over a fair and reasonable number of years, a nurse must have a full and reasonable amount of sleep and outdoor exercise.